

## ELECTRONIC RESOURCES REVIEWS

**Don't Catch the Killer: Meningococcal Disease: A Guide for Students.** Aquarius Health Care Videos, 18 North Main Street, Sherborn, MA 01770; 888.440.2963; info@aquariusproductions.com; <http://www.aquariusproductions.com>; \$125.00 including public performance rights; 20 minutes; VHS (not closed-captioned); 2004; ISBN: 1-58140-350-X.

Meningococcal disease is a serious illness caused by bacteria that infect the blood (meningococcal septicemia) or membranes surrounding the brain and spinal cord (meningococcal meningitis). This infection most often affects young adults living in close quarters. The goal of this video is to communicate to students and young people aged fifteen to twenty-five the seriousness of meningococcal disease and the ways to prevent it or identify it early enough for treatment. The video is sponsored by the Amanda Young Foundation. Amanda Young was an Australian teenager who died of meningococcal disease. As representatives of the foundation, both of her parents speak in the video about how quickly she was taken by the disease.

Young Australian men and women whose lives have been impacted by meningitis deliver the key messages of prevention and early identification. The accents of the presenters and some Australian terminology may make it difficult for US audiences to decipher all of the dialogue. Key information is presented in captions to the narratives of the speakers and on separate screens of white text on a black background. The visual effect is stark, emphasizing the seriousness of the message. The effects of meningococcal disease include neurological sequelae such as hearing loss, speech disorders, loss of limbs, brain damage, and paralysis. Images of the amputations and scarring resulting from meningococcal septicemia reinforce the threat of these severe effects.

The emphasis on prevention provides strategies for avoiding exposure especially in social settings. Early identification and treatment

are essential; offered guidance includes summaries of the possible symptoms and suggestions of ways to get people involved in monitoring an ill individual. The section "Does Doctor Know Best?" emphasizes getting to a provider early and being assertive with health care practitioners. The students share stories of being told that they have a virus or having the diagnosis missed by physicians. The important role of patient and family advocacy comes through clearly.

The medical spokesperson in the video is Clay Golledge, senior consultant in clinical microbiology and infectious diseases at the Sir Charles Gairdner Hospital in Perth, Australia, and medical director of the Meningococcal Foundation of Australia. Golledge presents data on the prevalence of groups B, C, and Y and other meningococcal disease in the United States, Canada, and Australia. The video does not deliver any message about the importance of meningococcal vaccination as a prevention strategy; it simply states that a vaccine is available against meningococcal disease group C, but none against group B. The final screens list Websites in the United States, Canada, and Australia as sources of additional information.

This video appears to be unique in its efforts to appeal directly to a student audience. The compelling and disturbing stories of these young people will likely reach a wide audience. The message of prevention and early identification of meningococcal disease could be more effectively disseminated had the video provided a greater diversity of speakers and situations. Other videos on meningococcal disease target health professionals as their primary audience, such as *Fighting Meningococcal Disease*, another video available from Aquarius Health Care Videos reviewed in this issue.

Kristine M. Alpi, MLS, MPH, AHIP  
kalpi@att.net  
Library Manager  
Public Health Library  
New York City Department of Health  
and Mental Hygiene  
New York, New York

**Fighting Meningococcal Disease: Early Detections Can Save Lives.** Aquarius Health Care Videos, 18 North Main Street, Sherborn, MA 01770; 888.440.2963; info@aquariusproductions.com; <http://www.aquariusproductions.com>; \$125.00 including public performance rights; 30 minutes; VHS (not closed-captioned); 2004; ISBN: 1-58140-349-6.

2003 Silver Medal International Summit Creative Award and 2003 Gold Medal Australasian Video Awards.

This is a survival video for parents, teachers, students, and health professionals. An award-winning educational video that is a comprehensive and practical guide to meningococcal disease—clearly explaining how to recognise the symptoms, what to do, and what precautions to take against this deadly disease. Essential to learn about the symptoms of meningitis for self-protection and helping others. (Aquarius Health Care Videos press release, March 24, 2004)

When this reviewer heard the first few minutes of *Fighting Meningococcal Disease*, he was reminded of the classic comment, "England and the United States are two countries separated by the same language." Similar comments might be made about Australia and the United States. *Fighting Meningococcal Disease* is an Australian production. The speakers have Australian accents and use Australian terms and vernacular expressions. Words are projected with Australian spellings. Most Americans do not know what it means to "take a couple of Panadol" [1] or what happened when the speaker "packed him up." Other expressions, such as "straight away" or "straight off to hospital," may be understood by segments of an American viewing audience who have experienced Australian or British speech through travel, the cinema, or television shows.

Additionally, often the speakers in *Fighting Meningococcal Disease* are soft spoken and are the real-life mothers, caregivers, or relatives of

victims of meningococcal disease. Their voices sometimes fade off toward the end of sentences; sometimes their voices begin sentences faintly. They are speaking of personal, emotional, and medical events. Combining the technical challenges of softly spoken words in a video presentation with the aural novelty of language and speech pattern differences means many US viewers will find it hard to understand the Australian vernacular. US viewers may not get the best benefit from *Fighting Meningococcal Disease*.

The potential audience includes the public and health care providers. While the physicians, nurses, and emergency medical services providers among the audience can use this video as a review of the topic, the public will see more information than they can absorb in one viewing. *Fighting Meningococcal Disease* presents important clinical information, intended for a broad audience, as outlined in the press release above.

This video tells the stories of individuals involved in meningococcal disease. Some patients survive; some die. Some recover quite well, while others suffer quite debilitating effects. All of the stories are moving and reinforce two major points in diagnosing and treating meningococcal disease:

- time is of the essence, and
- maybe three-fourths of the deaths could be avoided with early treatment.

The video presents the evidence of meningococcal disease (e.g., about 3,000 cases per year in the United States), describes the clinical nature of the infection, and uses real-life interviews to illustrate the course of the disease. It gives the prognosis (10% die, 20% suffer permanent disabilities, 70% recover) and the present therapeutic treatments. Victims, family members, physicians, and health care providers speak of this frightening medical condition but point out that "aggressive early treatment of meningococcal disease can reduce mortality." Prompt recognition of

symptoms and prompt "treatment of the complications of septicemia and meningitis, appropriate ongoing intensive care where necessary, and adequate management of multiple organ failure" may be called for to "improve the prospects for survival" [2].

The Nova television program and WGBH, Boston, Massachusetts, produced and broadcast *Killer Disease on Campus*. This 2002 video recording (60 minutes, 1/2-inch, VHS) helped bring the potential dangers of meningitis to the attention of the US television audience. Because the results of the disease can be so swift and devastating, the story holds the viewer's attention. *Fighting Meningococcal Disease* is a timely addition to the collection of videos devoted to the topic. The US National Library of Medicine (NLM) lists video recordings since the 1970s on meningococcal meningitis and related conditions.

LocatorPlus shows a video recording of a similar title and description (NLM Unique ID 101212241, *Fighting Meningococcal Disease*). NLM attributes production to Aquarius Health Care Videos, a Media One production. NLM lists Clayton Golledge in the author field and a copyright date of 2004. The video recording reviewed here lists Kay Stammers as producer-director and MediaOne P/L, Sydney, Australia, copyright date 2003. Opening credits also show 2003 as the year for the medals awarded the video recording.

Thomas W. Hill  
thill@selfregional.org  
Librarian  
Medical Library  
Self Regional Healthcare  
Greenwood, South Carolina

## References

1. USP DI® drug information for the health care professional. 24th ed. (Thomson MICROMEDEX, 2004). ("A" monographs acetaminophen (systemic) lists Panadol among the commonly used brand names.)
2. WELCH SB, NADEL S. Treatment of meningococcal infection. Arch Dis Childhood 2003 Jul;88(7):608-14.

**Asperger Syndrome: Living Outside the Bell Curve.** Aquarius Health Care Videos, 18 North Main Street, Sherborn, MA 01770; 888.440.2963; info@aquariusproductions.com; http://www.aquariusproductions.com; \$125.00 including public performance rights; 18 minutes; VHS (not closed-captioned); 2004; ISBN: 1-58140-262-7.

Asperger syndrome (AS), one of the autistic spectrum disorders, is a pervasive developmental disorder characterized by an inability to understand how to interact socially. Characteristics of AS include clumsy and uncoordinated motor movements, limited interests or unusual preoccupations, repetitive routines or rituals, speech and language peculiarities, and nonverbal communication problems [1]. This eighteen-minute video uses interviews with twelve-year old Andrew Mozer, his parents, and Tina Iyama to provide an overview of AS. Iyama, physician with the University of Wisconsin Children's Hospital, discusses general features and characteristics of AS, while the footage of Andrew shows what an individual with this disorder is like.

The content is organized into the following sections: "How It Started," "How Did It Happen," "It's a Social Thing," "It's a 'Sensitive' Topic," "Bell Curve Challenges," and "Down the Road." This video does not spend much time on the diagnosis process. Children with AS are commonly diagnosed after the age of three. Andrew was diagnosed when he was in first grade. In addition to the interview clips with Andrew, footage is shown of Andrew at school and at home. Andrew has been working on his listening skills. Some children with AS need a teacher's aide, because they have trouble following verbal directions. Individuals with AS enjoy routine, and Iyama suggests foreshadowing changes that will take place in their schedules to help them adjust. Some individu-

als with AS are self-centered. Andrew is a loner and does not seek out friendships. Individuals with AS may start noticing their isolation from others as teenagers. The interviews with Andrew and his parents provide specific examples of communication and sensory problems that illustrate Iyama's statements. Andrew is a picky eater; he does not like the way certain foods feel in his mouth. Another sensory issue that Andrew copes with is a fear of stickers.

Iyama mentions the fact that behavioral interventions and medications are used to help individuals with AS, but she does not describe any particular treatments. While talking about the future for children with AS, Iyama emphasizes the fact that an individual's success is determined by a combination of the child's own inner resources, family support, educational programs, and therapists. This video is a great resource for parents of newly diagnosed children. It is recommended for consumer health collections. Another recommended video is *Ask Me about Asperger's Syndrome*, which focuses on the education of these students and includes specific ideas and suggestions for teachers (*Ask Me about Asperger's Syndrome*. 2000. Jessica Kingsley Publishers. \$35.99. ISBN: 1-85302-987-4).

Rozalynd McConaughy, MLIS  
roz@dcsmsserver.med.sc.edu  
Librarian  
School of Medicine Library  
University of South Carolina  
Columbia, South Carolina

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**Late Life Depression: Depression in the Elderly.** Aquarius Health Care Videos, 18 North Main Street, Sherborn, MA 01770; 888.440.2963; info@aquariusproductions.com; <http://www.aquariusproductions.com>; \$195.00 including public performance rights; 28 minutes; VHS (not closed-captioned); 2004; ISBN: 1-58140-341-0.

Three seniors describe their experiences with depression in *Late Life Depression: Depression in the Elderly*. They relate their own personal experiences with depression including their symptoms, treatment, and results. Three health professionals support their testimonials with additional information about common symptoms of depression, typical treatment modalities, and expected outcomes. The experts include Charles F. Reynolds III, of the Late-Life Depression Center at the University of Pittsburgh, Thomas E. Oxman of the Dartmouth Hitchcock Medical Center in Portsmouth, New Hampshire, and Lucille C. Karatzas of the Seacoast Mental Health Center in Portsmouth, New Hampshire. The Dartmouth Hitchcock Medical Center produced this half-hour video distributed by Aquarius Health Care Videos.

The program covers basic information regarding the presentation and course of depression in the elderly. The tape emphasizes that depression is not a natural consequence of aging and that depression may present differently in elderly patients due to the increasing frequency of physical illness, cognitive impairment, and experiences with loss and bereavement. The tape discusses the consequences of untreated depression on quality of life and the increased risk of suicide in the elderly. The video concludes by highlighting the high societal worth of seniors and the continuing contribution they can make to their own and other's lives.

*Late Life Depression* reviews some of the common therapies for treating depression in the elderly. Treatment-related issues covered in this production include a brief mention

of pharmacotherapy and psychotherapy and a lengthier discussion of electroconvulsive therapy (ECT). The program overemphasizes ECT, given its relatively infrequent use when compared to other treatment modalities. A greater discussion of what to expect from pharmacotherapy (e.g., common adverse effects, onset of symptom remission, duration of therapy) or in psychotherapy would have been useful for a greater number of patients and their caregivers.

The videocassette box states that *Depression in the Elderly* is "essential for anyone working with, coping with, or helping the elderly." However, on viewing this production, the intended audience remains unclear. If this production were intended primarily for families and caregivers, more detail regarding how to identify symptoms would be more appropriate. More information about when to seek treatment and what to expect from it would be helpful for a video produced primarily for patients. The material presented in this video seems too basic for an audience of health professionals. However, the tape does provide some basic and accurate information regarding recognizing depression in the elderly, clearly states that in most cases depression is treatable, and gives some information regarding the available treatment modalities. *Depression in the Elderly* may prompt viewers to seek out additional information from other resources or from a health care provider for themselves or somebody they know who is demonstrating the common signs of depression.

Sunny Worel, MLIS, AHIP  
sunny@umn.edu  
Medical Library Consultant  
Saint Paul, Minnesota

Michael Kotlyar, PharmD  
kotly001@umn.edu  
Assistant Professor  
Department of Experimental and Clinical Pharmacology  
College of Pharmacy  
University of Minnesota  
Minneapolis, Minnesota